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ABSTRACT

A conceptual framework and rationale for the periodic interviewing of nursing home residents and their families were developed, a methodology for developing necessary surveys was devised, and ways in which survey data could be used were identified. Client satisfaction surveys were conducted in three long-term care facilities in St. Paul, Minnesota. Sixty-one percent of the nursing home residents (N=262) were interviewed. Response rates were highest for those residents living in board and care facilities and lowest for those residents living in skilled nursing facilities. Global satisfaction measures produced little variance across facilities. More than 70% of the respondents in all facilities reported being satisfied with their current living arrangements. Items with lower ratings included questions about the variety of foods served, the amount of involvement residents had with other nursing home residents, and the availability of varied recreational activities. Feelings of personal autonomy were found to be directly related to the level of nursing home care, with skilled care residents feeling much less autonomy than residents of board and care facilities. Lack of privacy was mentioned as a cause for dissatisfaction by one-quarter of the residents in facilities with semi-private rooms. Information provided by the survey of nursing home residents was used by facility administrators to prepare a series of in-service education programs for staff, develop performance expectations, and focus staff attention on overall program quality. (Author/NB)

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Resident Satisfaction: An Essential Element of Quality

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Wilder Research Center

March, 1988

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I. INTRODUCTION

Assessment of nursing home quality has begun to shift significantly from "paper compliance" to the direct measurement of care conditions and care outcomes for residents. Increasingly, those concerned about long-term care have come to realize that the assurance of quality requires the monitoring of not only structural characteristics of nursing homes, but also of the process by which service is delivered and the actual outcomes or consequences for residents. This paper outlines a conceptual framework and rationale for the periodic interviewing of nursing home residents and their families. It describes a methodology for developing such surveys; and it describes ways the survey data can be used. The paper is intended to enable gerontologists, nursing home administrators, and others to recognize the value and potential uses of the information produced by assessments of resident and family satisfaction.

During the 1970's, the Federal survey inspection process for nursing homes emphasized "paper compliance," focusing on the content of medical records, personnel files, in-service education requirements, facility characteristics, and staffing policies. If the appropriate documentation was available to surveyors, the care of residents was presumed to be in compliance

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with regulations. During the 1980's, however, studies conducted for House and Senate committees on aging evoked great dissatisfaction among many advocates and legislators. A consistent theme of Congressional meetings was the need to address residents' feelings and concerns about the care they were receiving. During one hearing in New York City, a nursing home resident told the assembled members of the House Select Committee on Aging: "Nothing would do more to help us, the patients, then what the report describes as a resident-oriented survey. Interviewing residents and relatives, and focusing on residents' rights and quality of life, should give surveyors a much better idea about the quality of care in the home."

On October 31, 1985, the Health Care Financing Administration proposed a modification of the Patient Care and Services Survey (PaCS). The new rule established a more "outcome-oriented" survey which would require surveyors to observe various aspects of care actually received by residents, thus offering a more accurate assessment of care as seen from the resident's point of view. The new procedures mandate surveyors to interview a sample of residents. (Federal Register, June 13, 1986)

In 1986, the Institute of Medicine Committee on Nursing Home Regulation summarized the general, negative consensus regarding quality criteria for nursing homes under the previous regulations:

1. The regulations do not require assessment of the quality of care being delivered; rather, they require assessment of the facility's structural capacity to provide care;
2. The survey process emphasizes paper compliance rather than observation and interviews with nursing home residents;
3. Many of the standards are vague and depend too much on unguided judgments by surveyors, many of whom are untrained. Surveyor judgments are frequently inconsistent; what is deemed acceptable by one surveyor may be unacceptable to another.
(Institute of Medicine, 1986:70)

One of the Institute of Medicine Committee's recommendations was:

> Quality assessment in the survey process should rely heavily on interviews with, and observation of, residents and staff, and only secondarily on "paper compliance," such as chart reviews, official policies and procedures manuals, and other indirect measures of actual care given and resident outcomes.
> (Institute of Medicine, 1986:124)

II. CONCEPTUAL FRAMEWORK AND RATIONALE FOR MEASURING CLIENT SATISFACTION

Establishing client satisfaction as a major emphasis of a model for monitoring program outcomes in long-term care facilities assumes that the subjective state of mind of residents is a criterion on which the effectiveness of such facilities must be measured. That is, the subjective state of mind of residents (and of their families, in a limited sense) constitutes an intrinsic aspect of the quality of life in a long-term care setting. In contrast, quality within acute care settings is much more limited to issues of health and of treatment procedures. Thus as the Institute of Medicine Committee noted:

> ...for many residents the nursing home is their home, not merely a temporary abode in which they are being treated for a medical problem. Thus, quality of life is very important for its own sake (that is, as an outcome goal) and because it is intimately related to quality of care in nursing homes...The quality of life experienced by anyone is related to that person's sense of well-being, level of satisfaction with life, and feeling of self-worth and self-esteem. For nursing home residents this includes a basic sense of satisfaction with oneself, the environment, the care received, the accomplishment of desired goals, and control over one's life. (Institute of Medicine, 1986:45;51)

Some research has pointed to the important relationships between resident satisfaction and other measures of effectiveness in long-term care settings. These studies have generated worthwhile findings for improving care quality. For example, the available research on the predictors of life satisfaction among long-term care residents suggests that residents' subjective perceptions of the facility, their preference for living in it, and their degree of control over daily activities are significantly related to their morale (Ryden, 1984; Noelker & Harel, 1978). Earlier research on institutionalization showed that the institutionalized aged are generally worse off on indices of personal and social well-being than older persons living in the community (Lieberman, 1961; Lieberman & Lakin, 1963; Pollack et al., 1962). Research on environmental characteristics and procedures demonstrated that institutions which encourage resident autonomy, personalization of care and community integration result in higher morale, life satisfaction and better adjustment following placement (Kahana et al.,

1980; Lieberman, 1974; Sherwood et al., 1974). Additional studies support the idea that the loss of control among the institutionalized aged is partially responsible for depression, physical decline and early death (Schulz, 1976; Schulz & Aderman, 1973; Streib, 1971). Family visiting is also thought to be related to residents' desires to remain in a long-term care facility (Noelker & Harel, 1978).

The remainder of this section describes a general model for assessing resident satisfaction; and it describes the functions of the assessments for nursing home administrators, residents, and families.

A. Model for Assessing Resident Satisfaction

"Quality" is a complex, multidimensional concept. The work described in this paper borrows a classic model for quality measurement and joins it with the authors' model for program outcome evaluation in order to describe the specific role of client satisfaction studies for assessing quality of care.

Donabedian's (1966; 1980) classic model for the assessment of the quality of medical care suggests three approaches to the definition and measurement of quality: structure; process; and outcome. Structural approaches emphasize an "inventory" or "checklist" orientation to determining the presence or absence of specific resources in the areas of personnel, physical facilities, equipment, information and record systems, etc. Process approaches have a similarly "inventorial" character: identifying the use or non-use of treatment modes or care practices for which there exists consensus as to efficacy. (Note that the actual effectiveness of these techniques has not necessarily been proven empirically, but is presumed to exist as a result of consensus among experts.) Outcome approaches emphasize an examination of: the actual achievements of a health or human service program; and the actual consequences of care for patients.

To assess outcomes in long-term care settings, the authors of this paper employ a four-part model for evaluation. This model calls for monitoring and assessment of:

a. Client/family demographics and other social characteristics. To determine the effectiveness of the programs (all nonprofit, dedicated to community service) in reaching the population groups which they are intended to reach.

b. Client problems/functional limitations, and their change over time. To determine the effectiveness of the programs in eliminating or ameliorating these problems and their consequences.

c. Other program goals for clients. To determine the effectiveness of the programs in producing individual, family, or community service outcomes which they are chartered and funded to provide.

d. Client satisfaction. To determine consumers' (both residents and their families) levels of happiness or contentedness with all aspects of their care (e.g., the facilities, staff, meals, activities, communication, billing procedures, etc.).

Resident surveys primarily provide information related to (d) above. In fact, they are the only valid vehicle for obtaining such information. However, they supplement the measurement instruments used to provide information on (a) through (c), for example, by providing client and family characteristics beyond those in the medical record, obtaining client or family reports on problems and functional limitations, and obtaining data from residents and families necessary to determine program goal achievement.

Thus, the context for the survey process described here is one in which outcomes, not just structure and process, are considered important; satisfaction of residents and their families is considered an essential element of program outcomes; and direct, systematic interviewing of residents and families constitutes the only means for obtaining certain information necessary for measuring outcomes.

B. Functions of Client Surveys

Monitoring client satisfaction serves a number of functions for nursing home administrators. Periodic interviewing also serves several important functions for consumers (i.e., nursing home residents and the families of residents).

1. Functions for Administrators

Administrators face both strategic and operational tasks. Strategic tasks relate to the achievement of long-term goals. They include: program development; marketing; staff development; and evaluation of effectiveness.

Operational tasks relate to the day to day activities of delivering care and conforming with regulatory requirements, etc. They include (among others) communication, surfacing of complaints, and facilitation of inspections. To accomplish both types of tasks effectively, an administrator needs information from a variety of sources, one of which is from residents themselves.

The process of obtaining information from residents through direct interviews can enhance an administrator's ability to perform each of the following:

Strategic Tasks

Program Development. Along with assessments from staff of the functional status and psychosocial health of residents, data from resident surveys offer an understanding of the expressed needs of residents and of their preferred styles of care to meet those needs. Administrators can use this information for long-range planning of present and existing facilities or programs.

Marketing. All organizations, profit and nonprofit, require for their survival a means of understanding the wants and needs of their targeted consumers. The greater the match between the services sought by residents and their families and the services actually provided by a nursing home, the greater will be the appeal of that nursing home. The market consequences for that organization will be greater consumer interest in admission and fewer departures from the nursing home as a result of dissatisfaction.

Staff Development. The information provided by resident and family surveys can alert staff to program weaknesses. It is valuable for in-service training, for improving staff performance, and even for defining important characteristics of new staff to be hired.

Evaluation of Effectiveness. Within a long-term care facility, the residents' subjective view of the care setting (environment, staff, services offered, behavior of other residents, etc.) constitutes one component of the quality of care provided by that facility. Long-term evaluation of the effectiveness of a long-term care facility cannot be complete without measurement of this component.

Operational Tasks

Communication with Residents and Families. The nursing home administrator wants to ensure that residents and families have the information which they need for optimal living within the facility. This can range from information on how to obtain special services or how to pay a bill. Periodic surveys identify gaps in information--gaps which may have developed due to the faulty memories of residents and families, due to an admission process in need of improvement, or due to inadequate staff contact and communication with residents and families. Administrators can take steps to eliminate and/or prevent these gaps.

Surfacing of Complaints. A periodic survey presents an opportunity to bring complaints to the attention of administrators before they develop into seriously damaging problems. Although many consumers voice their complaints willingly and without invitation, many others do not do so unless they are presented with the opportunity for serious, attentive, confidential listening.

Facilitation of Inspections. A facility which regularly monitors resident satisfaction through direct interviews is better poised to deal with regulatory inspections, especially those which emphasize direct contact with, and observation of, nursing home residents.

2. Functions for Consumers

Interviewing of residents and families serves the following functions for consumers:

Voice in Care. The survey process affords residents and families a systematic opportunity to offer opinions and suggestions regarding the overall operations of the facility. Involvement in individual care planning, if it occurs, does not necessarily provide this opportunity; nor does it do so in a way which can be aggregated and interpreted for a facility's clients as a group. The process in and of itself indicates that facility administration and staff place value on learning about residents' perceptions of their living environment.

Morale. Some studies have shown that the greater a resident's feeling of control and involvement in decision making within a long-term care setting, the better his/her morale (e.g., Sherwood, et al., 1974). Participation in a survey and observation of the attention paid to survey results can enhance feelings of involvement and control.

Accountability. The presence of a mechanism for systematically assessing the opinions and satisfaction of residents and families increases the confidence of consumers that a facility is accountable to them.

III. DEVELOPING A RESIDENT SATISFACTION SURVEY

A. Literature on Client Satisfaction

The development of reliable techniques for assessing client satisfaction and the use of the resulting information have had a lively history in the health (especially mental health) fields during the past two decades. See, for example, the work of: Zyanski, Hulka, and Cassel (1974); McPhee, Zusman, and Joss (1975); Ellsworth (1975); Larsen et al. (1979); Sorenson et al. (1979); and Lebow (1982).

Such techniques -- their instrumentation and their uses -- have received only modest attention among gerontologists for use in long-term care settings. This is true not only for purposes of quality assurance (as noted repeatedly in the Institute of Medicine report), but also for research. Heath et al.(1984) contended that nursing home residents' satisfaction with services had only sparsely been studied. Shadish et al.(1985) noted the lack of studies of nursing home residents' subjective quality of life and specifically self-reports of their well-being.

Administrators who wish to implement an ongoing, resident and family satisfaction interview process in their facilities will have to attend to several, standard requirements for reliable data gathering. Most likely, a facility without staff who have research training will want to hire a research consultant the first time it attempts to conduct resident and family interviews. The steps to be taken include:

1. Development of a questionnaire. The content of the questions should address all significant aspects of the residents' physical and social environment. (Suggestions appear earlier in this paper.) The structure of the questions should ensure the reliability and validity of responses. Where possible, sets of questions of demonstrated reliability and validity should be borrowed and used.
2. Selection of respondents. A sampling method is required which ensures a representative sample of consumers.
3. Training interviewers, conducting interviews. The logistics of interviewing must be planned to ensure that each survey is both methodologically sound and as economical as possible.
4. Analysis and reporting. Data will have to be entered into the computer. Reports will need to be issued to both staff and consumers.

Practical ideas for accomplishing steps (1) through (4) can be obtained from publications such as Lind (1983) and National Citizens' Coalition for Nursing Home Reform (1985).

B. Developing the Survey

This section describes the authors' experience in developing client satisfaction surveys for the three long-term care facilities described below.

The Facilities

The Wilder Foundation operates three licensed and accredited long-term care residential facilities in St. Paul, Minnesota.

The Wilder Health Care Center, which opened in 1961, provides 24-hour skilled nursing service seven days a week. It has 27 private and 60 semi-private rooms, containing a total of 147 beds. The program provides rehabilitative and preventative skilled nursing care, following an individualized multi-disciplinary care plan.

Wilder Residence West, which opened in 1966, has two sections. The first contains 133 board and lodging rooms. Basic services include common meals, housekeeping, and laundry. Therapeutic, recreational, and educational activities are programmed daily. Social services, emergency nursing, and medical care are available as needed. This section of the residence serves individuals and couples who are ambulatory, mentally alert and able to care for their personal needs, but who are no longer physically capable and/or desirous of maintaining a completely independent lifestyle. The second section of Wilder Residence West provides intermediate and skilled nursing care. It contains 43 rooms plus a seven-bed intensive nursing care unit.

Wilder Residence East, acquired by Wilder in 1974, has 43 board and care and 65 dual-certified (intermediate and skilled) beds. Because of dual certification, many residents are able to remain in the facility when their care needs increase.

Admissions to all long-term care facilities are arranged through a central Information and Assistance Office.

Background: The Initial Family Survey

The Wilder Foundation's approach to management has included an emphasis on basing decisions on information obtained through assessments of the social environment and program evaluation studies. Wilder's innovative use of information for "strategic management" was the subject of a special case study (Bryson et al., 1986).

The development of client satisfaction surveys for use in Wilder long-term care facilities followed a sequence of investigations intended to improve the overall quality of nursing home care. The first investigation solicited the opinions of 190 family members regarding visiting patterns, communication with staff, and interest in facility sponsored educational and social activities. (See Owen and Mattessich, 1985.) Findings from the family survey were used to develop an orientation program for family members of persons recently admitted to a long-term care residence. The educational content of the program addressed financial concerns, changes associated with aging, stress among family caregivers, family involvement in care planning, visiting, social activities for residents and the process by which families could express concerns about care and services. After the orientation program had been in operation for one year, family members who had participated in the program were surveyed regarding their opinions of the program and staff members who had worked in the facilities prior to the advent of the orientation program were asked about their perceptions regarding the value of the program. The results of the family follow-up suggested that family members were helped to feel at ease during their visits and made to feel more comfortable when bringing problems to the attention of staff. Staff opinion suggested that the orientation program made families more willing to visit, help with care and, in general, helped to improve communication between families and staff.

Planning for the Resident Survey

The perceived value of the family survey as well as the benefits derived from the orientation program helped to facilitate planning for a survey of the opinions of nursing home residents. While it was clear that not all residents would be able to participate in personal interviews due to mental or physical limitations, the information that could be derived from a direct survey of clients was expected to be of substantial value for both program planning and staff education.

Based on discussions of prior research, a planning committee composed of facility administrators, nurses, social workers, physical and occupational therapists as well as laundry, food service, housekeeping and maintanance staff developed content areas for a resident survey. The stated purpose of the survey was to:

1. Measure client satisfaction with overall care and services provided by facility staff.
2. Describe problems encountered by residents in daily living.
3. Assess residents' willingness to talk with staff and family members about problems or concerns.
4. Determine the importance of various aspects of the living environment and daily routines.
5. Assess client satisfaction with admission procedures and orientation to new residence.
6. Describe opinions about personal concerns and the cost of service.
7. Assess residents' involvement in facility activities.
8. Assess the extent to which residents feel they have some autonomy in their day to day activities.

Questions were formulated in each of the content areas with the assistance of research staff from the Foundation's research center. The content areas are outlined in Figure 1. Specific questions were developed within each content area, and the draft interview form was pretested, revised, and piloted with 10 long-term care residents in one facility. When the instrument was judged to be satisfactory by those on the planning committee, preparations were made to conduct the survey.

FIGURE 1

CONTENT AREAS OF CLIENT INTERVIEW

*I. Client Identifying Information
- Resident I.D. #,
- Facility I.D. #,
- Date of Admission,
- Level of Care (e.g., intermediate, skilled)

*II. Background Information
- Age
- Sex
- Race
- Marital Status
- Number of Children
- Primary Diagnosis
- Major Health Problems

III. Contact Information
- Interview Status (Agreed, Refused, Unable to Participate)
- Date of Interview
- Reason for Refusal
- Length of Interview (in minutes)

IV. Admission and Orientation (Asked only of persons admitted within previous 6 months)
- Participation in Admission Decision
- Satisfaction with Admission Process
- Satisfaction with Orientation to Facility

V. Importance of Facility Characteristics and Program Content (How important to client)
- Proximity of Family and Friends
- Availability of Activities
- Presence of Standard Daily Routines
- Staff Encouragement of Physical Independence
- Staff Encouragement of Personal Autonomy
- Staff Involvement with Volunteers

VI. Satisfaction with Care
- Dependability of Care
- Quality of Care
- Availability of Assistance When Needed
- Consideration and Respect Afforded Residents
- Staff Response to Resident Concerns
- Competence of Staff (Nurses, Aides, PT, OT)
- Participation in Care Conference
- Suggestions for Improving Care
- Quality of Physical Therapy
- Quality of Outpatient Therapy
- Quality of Physician Care

VII. Satisfaction with Other Services
- Cleanliness of Living Area
- Upkeep of Grounds
- General Satisfaction with Maintenance of Facility
- Interest in and Opportunities to Participate in Religious or Spiritual Activities
- Interest in and Opportunities to Participate in Educational Activities
- Quality of Food
- Variety of Food
- Contact with Pets
- Recreational Activities
- Access to Personal Funds

VIII. Specific Problems or Concerns
- Noises
- Disturbances by Neighbors
- Loneliness and Boredom
- Variety in Daily Activities
- Flexibility of Daily Schedule
- Respect Shown by Staff
- Privacy
- Quality of Life in the Facility

IX. Overall Assessment
- Cost of Services
- Quality of Facility
- Satisfaction with Care
- Satisfaction with Life in Facility
- Suggestions for Improvement

* Items obtained from medical record.

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Demonstration funding for the initial client survey made it possible to interview all residents who were willing and able to participate in the study. While in this circumstance it was unnecessary to draw a sample, a random sample could easily be drawn for any facility from a list of all residents, potentially stratified by level of care[1].

Before interviewing began, directors of nursing submitted a list of residents considered to be too confused, disoriented or ill to participate in the interview. In cases where it was difficult to determine a resident's ability to participate, interviewers contacted the resident in question and attempted to conduct the interview. Interviews were discontinued when responses did not correspond to the questions being asked.

Response rates for each facility are presented in Table 1.

TABLE 1
Survey Response Rates

Facility		Number of Beds	Number of Residents Able to Participate*	Number of Residents Surveyed	Response Rate**
Health Care Center (Skilled Care Beds)	(HCC)	147	67	43	64.2%
Wilder Residence East (Intermediate and Dual Certified Beds)	(WRE)	104	95	90	94.7%
Wilder Residence West (Board and Lodging with some Skilled Care Beds)	(WRW)	178	164	129	78.7%
Total		429	330	262	79.4%

* As determined by nursing staff judgments, mental status test and interviewer attempts.

** Based on number of residents judged able to participate.

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[1] In situations where sampling is necessary, sample size will depend on the relative degree of precision required in estimating population characteristics. In general, a sample of one-third of all residents is adequate in facilities with more than 100 beds. In smaller facilities, it is recommended that up to one-half of all residents be interviewed. For further information on sampling see Rubin (1983).

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As shown in Table 1, the response rates varied by facility from a high of 94.7% at Residence East to a low of 64.2% at the Health Care Center. The response rate of 78.7% at Residence West is close to the overall response rate based on the percentage of persons interviewed from among the total number of residents judged able to participate.

Results

Among clients admitted to Wilder facilities within the six months prior to the survey, 56 percent had taken part in the process of applying for admission. Residents recently admitted to board and lodging and intermediate care beds were more likely than newly admitted skilled care residents to have taken part in the admission process, feel satisfied with admission procedures and to feel that they had someone to explain things to them. Of those who made comments regarding what would make it easier to adjust to a long-term care facility, the majority (60%) suggested some type of orientation or information program for new residents.

Global satisfaction measures asked of all respondents (e.g., "How satisfied are you with life at this facility?" and "How much do you like living in this place?") produced little variance across facilities. More than 70 percent of the respondents in each facility were "very" or "somewhat satisfied" according to these measures. Items relating to specific aspects of the living environment, however, produced significantly more variance. Tables 2 and 3 provide detailed information on satisfaction with care and services in each facility.

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Table 2
Long Term Care
Resident Satisfaction Survey
Satisfaction with Care[1] and Services by Facility

ITEM: How would you rate:	Health Care Center/N=43 Good or Very Good Percent	Adequate Percent	Poor or Very Poor Percent	Wilder Residence East N=90 Good or Very Good Percent	Adequate Percent	Poor or Very Poor Percent	Wilder Residence West N=129 Good or Very Good Percent	Adequate Percent	Poor or Very Poor Percent
The quality of food you are offered at mealtime	69.0	23.8	7.1	51.1	29.0	19.8	56.3	33.3	10.3
The variety of food you are offered at mealtime	59.9	41.0	0	52.3	40.7	7.0	57.0	31.8	11.3
The competence and skills of the staff who work here	94.1	2.9	2.9	66.2	27.9	5.8	81.1	16.2	2.7
The cleanliness of this building	87.8	7.3	4.9	93.1	5.7	1.1	95.2	4.8	0
The amount of involvement you have with other residents	41.1	27.6	31.0	55.8	30.2	14.0	63.8	26.7	9.5
Your opportunities to participate in religious activities	48.4	38.7	12.9	67.0	16.5	16.5	67.9	23.9	8.3
The amount of control you have over what you do each day	50.0	30.8	19.2	76.5	21.1	2.4	92.4	4.2	3.4
Having planned activities that you can look forward to	39.3	35.7	25.0	54.1	29.4	16.5	75.5	20.0	4.5
Your opportunities to participate in recreational activities	50.0	40.0	10.0	54.1	20.0	25.9	69.9	23.7	7.2
Your opportunities to visit with friends or relatives	68.9	28.1	3.1	73.6	13.8	12.6	82.3	13.3	4.4
Your opportunities to participate on the resident council	91.7	8.3	0	50.7	27.5	21.7	80.0	13.3	6.7
The quality of nursing care	71.8	18.0	10.3	80.5	14.6	4.9	91.3	8.6	0
The quality of physician care	72.7	10.0	18.1	77.6	14.9	7.5	90.5	0	9.5

[1] Missing, Don't Know, and Not Applicable responses excluded from percentages. Missing and Don't Know responses do not constitute more than 10 percent for any item.

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Table 3
Long Term Care
Resident Satisfaction Survey
Satisfaction with Care[1] and Services by Facility

ITEM: How often:	Health Care Center N=43			Wilder Residence East N=90			Wilder Residence West N=129		
	Most of The Time Percent	Some of The Time Percent	Seldom or Never Percent	Most of The Time Percent	Some of The Time Percent	Seldom or Never Percent	Most of The Time Percent	Some of The Time Percent	Seldom or Never Percent
Do you feel safe and secure here (not threatened by harm)?	88.1	7.1	4.8	92.1	5.6	2.2	92.1	4.7	3.1
Is your room kept clean?	88.4	4.7	7.0	92.2	6.7	1.1	96.0	1.6	2.4
If you need help, do you feel uncomfortable asking for it?	17.0	7.3	75.6	10.2	8.0	81.8	19.5	8.8	71.7
Do people here call you by the name you prefer?	89.7	5.1	5.1	90.9	5.7	3.4	91.8	4.9	3.3
Is there variety in your daily activities?	36.7	20.0	43.3	38.8	23.8	37.6	39.7	24.1	36.2
Do you have enough privacy here?	73.2	22.0	4.9	91.8	8.2	0	97.6	0.8	1.6
Is there a place to be alone with visitors?	74.4	2.6	23.0	90.6	3.5	4.7	92.7	2.4	4.9
Are you treated with consideration and respect?	85.4	7.3	7.3	90.8	6.9	2.3	97.6	0.8	1.6
Are there things you do to help other residents here (by doing things such as reading to or visiting others)?	0	16.7	83.3	8.3	15.5	77.0	27.6	34.2	38.3
Is there a volunteer who spends time with you?	5.0	25.0	70.0	5.9	20.0	72.9	0.8	6.5	92.7
Is there a regular schedule on which you can rely?	73.5	11.8	14.7	75.6	4.7	19.8	93.4	3.3	3.3

[1] Missing and Don't Know responses excluded from percentages and do not constitute more than 10 percent for any item.

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Tables 2 and 3 show that residents are generally satisfied with care and services provided by the three facilities. Nonetheless, interesting variations across facilities can be observed. With regard to food service, it appears that clients at lower levels of care (those at Residence East and Residence West) are more likely to be critical of both the quality and variety of food in comparison to skilled care clients in the all skilled care facility (HCC) despite similarities in food service across programs. On the other hand, skilled care clients at the Health Care Center are more likely than residents of other facilities to express dissatisfaction with the amount of control they have over what they do each day and the amount of involvement they have with other residents. The percentage of Health Care Center (HCC) residents who rate their opportunities to participate in religious or recreational activities as good or very good is also lower than in other Wilder facilities.

In general, clients with greater autonomy, particularly those at Wilder Residence West (WRW), express greater satisfaction with program services. Consistent patterns can be seen on items like, "having planned activities to look forward to," "opportunities to visit with friends or relatives," and doing things "to help other residents." Note, however, that a significant percentage of clients across programs (ranging from 36.2 percent to 43.3 percent) feel that they seldom or never have variety in their daily activity. These responses caused program staff to reconsider activity planning for clients in all programs.

In the one facility with multiple bed rooms (HCC), lack of privacy was mentioned as causing a problem at least some of the time by one quarter of the residents. Comments suggested that a room be available for residents and their families exclusively for visiting.

Some percentage of residents in all facilities (ranging from 8% to 19.5%) note that they do not always ask for assistance when they feel it is needed in order that they might avoid being viewed as "difficult patients" or "complainers" by staff. Residents' comments indicate that perceptions of staff availability and workload are likely to affect requests for staff assistance.

Other survey results (not shown in the preceding tables) show that feelings of loneliness are are related to perceptions of autonomy in daily activities. Those who gave higher ratings to the amount of control they have over daily activities were less likely than those giving lower ratings to report feelings of loneliness ($r = .36$, $p = .001$).

Despite the fact that 33 percent of Health Care Center residents expressed interest in care conferences, participation was low (16%), partly because of a lack of knowledge about staff expectations for resident involvement. One-third of all skilled care residents wished for their family members to take a more active role with staff in considering resident care needs.

IV. UTILIZATION OF SURVEY RESULTS

Information provided by the survey of nursing home residents was used in a variety of ways to help both administrators and facility staff to identify potential problems and formulate policies and procedures to address specific program needs. In addition, residents were given an opportunity to hear oral presentations of the survey results and provide comments on the findings. Forums used for the presentation and discussion of study findings included administrative staff meetings, inservice education programs, and resident council meetings. Written findings, particularly detailed comments, were made available to all section managers responsible for facility services.

As described earlier in this paper, administrators are responsible for both long range planning (strategic tasks) and the management of day to day services (operational tasks). Following the presentation and review of study results, administrators of the three facilities decided to utilize the findings in preparing a series of inservice education programs for staff. The fact that the findings could be related to virtually all staff functions made it possible to involve staff from housekeeping, dietary, therapeutic services, laundry, maintenance, nursing, social services, and administration. Inservice education discussions focused on ways in which staff could help new residents become familiar with the facility and ways in which staff could involve residents in decisions about daily activities. A specific outcome of these discussions was to improve orientation programs for both families and residents and to set a goal of increased participation in these activities.

A family advisory council was also initiated at the request of administrators, with the goal of enhancing communication between family members and staff and to give families a routine opportunity to voice concerns and respond to facility issues. Although it took some time for this program to get organized, subsequent family surveys indicated that it had been used as a means to raise concerns, particularly those related to specific facility policies and procedures.

The survey was also used by administrators in planning a nursing assistant preceptor program. This idea, which had surfaced prior to the survey, was given new impetus as a result of resident comments regarding nursing care. Although most residents were generally satisfied with care provided by nursing staff, comments often reflected a perception that facilities were understaffed or inconsistent in responding to resident requests. The preceptor program became a vehicle for setting quality goals in nursing assistant care and for focusing on the need to reduce staff turnover in these jobs.

Finally, the survey became a general tool for ensuring administrative accountability. Wilder Foundation executive staff found that client satisfaction information, collected routinely, could be used for both long range planning and for developing performance expectations. In some programs, clients were surveyed, and in others, the family members of clients provided follow-up information. Collected routinely on a monthly or yearly basis, survey information, in combination with functional assessment data and general client demographics, provided an overall profile of who was being served, what problems and needs were being addressed, and how clients perceived the quality of services. By monitoring subsequent follow-up information over time foundation executives could see whether or not new program developments were reflected in resident satisfaction scores.

B. Problems and Pitfalls

As in all survey efforts, certain problems arose that limited the value of some of the information obtained. Most problems fell into one of two areas: recall or response options. Recall was often a problem for facility residents receiving skilled or intermediate care. Despite the fact that questions regarding admission and problems related to admission were asked only of those admitted within the previous six months, more than half of the

potential respondents had difficulty recalling information regarding admission or specific satisfactions or dissatisfactions with the process. For answers to questions of this type, it is probably best to conduct follow-up interviews with each newly admitted client three to six weeks following admission. Interviews completed at this time would also be able to detect other problems in the areas of orientation and adjustment to the facility.

Response options caused problems when there were more than three response categories and when categories made fine distinctions (such as between "some of the time" and "not very often"). In many instances, "yes" or "no" answers were provided despite the fact that three or four answer categories were read by the interviewer. In subsequent surveys, we have asked nursing home residents to rate an item on a scale from 1 to 5 where only the end points are anchored with a definition. This is an adequate method for most residents; however, some respondents will continue to give only "yes" or "no" answers. In practical terms, simple response categories work best.

A third important area in which problems may emerge is related not to the survey process, but to the reporting of results. If staff perceive that the purpose of the survey is to "check-up" on their performance, or if findings are seen as a means of "scolding" staff for poor performance, it will be difficult to use client satisfaction information as a means to improve resident care and services. If, however, staff from all service units are represented in the development of survey questions, and if administrators make it clear that the only reason for conducting such a survey is to provide a guide for how all staff might be better prepared to respond to client needs, client surveys can be seen as a useful and non-threathening tool at all service levels. Facility administrators must set the tone for using resident surveys as a procedure for focusing on overall program quality. It may also be useful if goals set as a result of the survey can be accompanied by an incentive program for staff who make extra efforts in trying to achieve program goals. Such approaches have been successfully demonstrated in business settings. (See Hale, et al., 1987.)

V. CONCLUSION

This paper outlined the rationale for including resident satisfaction as an essential element of quality. It described the functions for administrators and consumers of periodic interviewing of residents and their families. It then illustrated the interview process with a description of several years of experience with regular consumer satisfaction interviews in three long-term care facilities. The description of this experience included identification of actual steps taken by administrators to improve their programs by acting upon survey results.

If data are collected periodically, they can be used to assess trends and identify the effects of introducing changes into the operations of a facility. Data from the interviews can be combined with other information from residents' medical records or other sources to produce reports for administrators, nursing staff, social workers, activity staff and other facility personnel. Over time, the data can serve as a rich resource for responding to programmatic and research questions.

Can long-term care facilities respond to the challenges of the next decade by assessing the views and opinions of residents and using that information to respond more adequately to client needs? This is our hope in recommending a mechanism for nursing home resident surveys.

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